

# Dayspring Christian Preschool

## REGISTRATION 2025-26

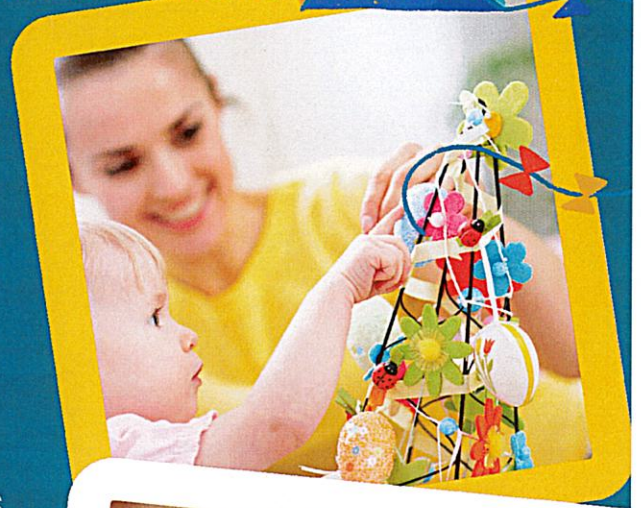
Welcome to a place where laughter echoes, curiosity is celebrated, and every child is embraced as an individual. We provide a safe, loving, Christian environment where your preschooler can grow, learn, and flourish!



From arts and crafts to storytelling, we provide a diverse range of activities to foster creativity and social skills



Fun and educational activities to prepare your little ones for a smooth transition into their school years



**Register Now!**



Contact Us

740-389-3684



Visit Our Website

[dayspringwesleyan.org](https://dayspringwesleyan.org)



Our Location

2431 Marion-Mt. Gilead Rd.



# Overview of Policies & Procedures

- Tuition is due during the first week of the month. Accounts that are more than one month behind will result in the child staying home until the account comes current. Tuition must be paid for all months in which the child is officially enrolled. *Written withdrawal from the program is required in order to release liability from tuition obligation.*
- Yearly tuition is divided into 9 monthly payments plus a supply fee. Tuition will not be prorated for absences, holidays, or for unforeseen circumstances related to weather, the church campus, or illness.
- Closings and delays are reported via Class Dojo and our preschool Facebook page.
- Sick children are not permitted. All must be fever, vomit, and diarrhea free for a minimum of 24 hours.
- Communicable diseases must be reported to staff and staff will communicate the information via Class Dojo to families.
- All children must be independently potty trained and wearing underwear.  
**Children are to wipe own bottoms.**
- We have an open door policy for visiting parents! Siblings are not permitted to visit during class time as it very distracting for other students.
- Drop-off and pick-up occur at the front preschool door via car line. We can help your child in and out of the car but are not allowed to buckle seat belts and car seats. Please pull over to our parking lot to buckle. Only those designated as parent/guardians and emergency contacts are approved to pick up children. Please list all other possible pick-up people on a separate paper and submit too preschool.
- In the case of custody issues, court papers must be submitted to the director for the child's file.
- Children will take turns with the "snack sack" and provide a snack to share.

- **Children requiring medication be kept on site must have Request to Administer Medication and Care Action Plan forms on file along with the medication ONE WEEK PRIOR TO THE START OF SCHOOL. A meeting with the director is also required.**
- Behavior is managed first through redirection, distraction, and a possible calm down period separate from the group. Serious or on-going issues will be addressed in writing and with parent, teacher, and director discussion. Dayspring Christian Preschool reserves the right to release a child from the program at any time.
- Our staff is current in all state required professional development and health trainings and are mandated reporters.
- Our classes maintain state required teacher:child ratios or better at all times.
- Evacuation plans are posted in each classroom. Parents will be advised via Facebook, Class Dojo and WMRN radio.
- In case of injury or illness, incident reports are kept in children files.
- Our curriculum is thematic, play, and faith based. We focus on developing the whole child.
- Staff includes director Lara Fogle, 4-5 team Lara Fogle & Sierra Jones. 3-4 team members are Diane Jankowski, & Kim Tyree.



# What Does Independently Potty Trained Mean?



Children enrolled in Dayspring Christian Preschool must be potty trained and able to wear underwear. A child having accidents daily or even 3 times weekly is NOT potty trained. Please note that wearing pull-ups is NOT considered potty trained.



## Why do children need to be potty trained before beginning preschool?

❖ There are strict state licensing standards for changing and disposing of wet and soiled diapers/pull-ups and our classrooms are not equipped for these requirements.

❖ When an adult is busy changing a child's soiled clothing, it is taking away from learning time for all students and removes one adult from the direct supervision of and interaction with the rest of the class.

**\*\*We do understand that potty trained children will have accidents. By definition, "accidents" are unusual incidents and should happen infrequently. In these instances, a teacher will assist a child in changing soiled clothing while encouraging independence in said process.\*\***



# Choose a class! ABC

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell# \_\_\_\_\_


Father's name \_\_\_\_\_ Cell# \_\_\_\_\_


If separated or divorced, with which parent does the child reside? \_\_\_\_\_


Names and ages of siblings \_\_\_\_\_


FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount\$ \_\_\_\_\_

## Please circle your choice

 **3 & 4 year old** **Monday/Wednesday 9:30am 12:00pm**  
**\$120/mo. (\$120 supply fee)**  
**must be 3 by August 1st**

 **3 & 4 year old** **Tuesday/Thursday 9:30am 12:00pm**  
**\$120/mo. (\$120 supply fee)**  
**must be 3 by August 1st**

 **4 & 5 year old** **Monday-Thursday 9:00am-11:30am**  
**\$160/mo. (\$160 supply fee)**  
**must be 4 by August 1st**

 **4 & 5 year old** **Monday-Thursday 12:30pm-3:00pm**  
**\$160/mo. (\$160 supply fee)**  
**must be 4 by August 1st**

A paid supply fee secures your enrollment.  
Supply fees are NON-REFUNDABLE. No exceptions.



Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home 9/2/25	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip	
Email Address (if applicable)		Cell Phone (if applicable)		
Parent's Work/School Name		Parent's Work/School Telephone Number		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name #2			Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip	
Email Address (if applicable)		Cell Phone		
Parent's Work/School Name		Parent's Work/School Telephone Number		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
<b>Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</b>				
Name		Name		
City	State	City	State	
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City		State	Telephone Number	

Child's Name

**Allergies, Special Health or Medical Conditions, and Medical Foods**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

No

Yes - *check all that apply*     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

No

Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

No

Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

No

Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

No

Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

No

Yes - written instructions from the child's health care provider must be on file.

N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable



Child's Name

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  
 No (If no, fill out the following:)

The program's policy is to check diapers every \_\_\_\_ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule  I do not agree, please check my child's diaper every \_\_\_\_ hours.

**Emergency Transportation Authorization**

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name Dayspring Christian Preschool			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook.  Yes  No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.





**Dear Families,**

**Several times a week our teachers post pictures on our Dayspring Christian Preschool Facebook page so that you may see all of the fun things that our classes are doing! We will ONLY post children's faces for whom we receive signed permission!**

**I give Dayspring Christian Preschool permission to post pictures of my child \_\_\_\_\_  
to the preschool Facebook page. (child's name)**

\_\_\_\_\_  
**parent signature**

\_\_\_\_\_  
**Date**





# Please be sure to:

- Fill out forms **COMPLETELY** including employer information!

**Write N/A** in the space if not applicable

- **SIGN permission to transport** your child (via ambulance in the case of an emergency (**pg. 4**))
- **SIGN** your enrollement form (**pg.4**)
- Tear off the **CHILD MEDICAL STATEMENT** and take to the doctor for your child's next well child visit.



Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )	Date of Birth
<b>Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):</b>	
<b>Section A- EXAMINATION</b>	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following ( <i>please list in space below</i> ):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Other: _____
<b>Signature of Examining Health Care Practitioner</b>	<b>Date of Examination</b>
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>	
<b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b> Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b>	Initials of Examining Health Care Practitioner
<input type="checkbox"/> The above named child has been immunized against the diseases listed above.	
<i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Date
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b>	Signature of Parent
<input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	
	Date

Due by Oct. 2<sup>nd</sup>, 2025 with last well child visit within the calendar year